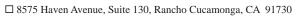
$\square$ 385 N. Arrowhead Avenue, San Bernardino, CA 92415-0160

□ 13911 Park Avenue, Suite 200, Victorville, CA 92392

Web site: www.sbcounty.gov/dehs





## County of San Bernardino Department of Public Health DIVISION OF ENVIRONMENTAL HEALTH SERVICES



DATE:
PAID:
CHECK #:
REC'D BY:
RECEIPT #

## **Application for Health Permit**

APPLICANT MUST FILL IN ALL BLANKS						
EFFECTIVE DATE OF TRANSFER						
FACILITY NAME						
FACILITY ADDRESS						
NO P.O. BOX NUMBERS  CITY/STATE/ZIP						
CROSS STREET						
CARE OF						
FACILITY PHONE NUMBER ( )						
ALTERNATIVE PHONE NUMBER ()						
FACILITY FAX NUMBER ()						
FORMER FACILITY NAME						
LEGAL OWNER INFO						
CARE OF (IF NOT OWNER)  NOT MANAGEMENT COMPANY OR REPRESENTATIVE						
LEGAL OWNER ADDRESS						
CITY/STATE/ZIP						
LEGAL OWNER PHONE NUMBER ()						
LEGAL OWNER DRIVER'S LICENSE  FOR COUNTY USE - TO BE COMPLETED BY OFFICE STAFF WHEN APPLICATION IS						

TEOER 1 III
APPLICANT MUST FILL IN ALL BLANKS
MAIL INVOICE TO:
Business Name:
Care Of:
Address
City/State/Zip
E-mailPhone
TOTAL FEE DUE \$
NOTE: ALL FEES ARE DUE AND PAYABLE WITHIN 30 DAYS.
FAILURE TO PAY WILL RESULT IN THE ASSESSMENT OF A DELINQUENT FEE. APPLICATION AND FEE MUST BE SUBMITTED PRIOR TO OPERATION BY ANY NEW OWNER, OR A DELINQUENT FEE WILL BE CHARGED.
I hereby make application for health services and permit to establish and/or operate the above mentioned business, use, or service in accordance with the laws, ordinances, and regulations that are now or may hereinafter be in force by the United States government, the State of California, and the County of San Bernardino pertaining to the above mentioned business. I hereby consent to all necessary inspections incident to the issuance of this permit and operation of the business.
I understand that any construction, alteration or repair, including, but not limited to, equipment changes or alterations, a menu change or change in facility's method of operation requires DEHS review and approval. Initial
Signed Date / / Title

FOR COUNTY USE - TO BE COMPLETED BY OFFICE STAFF WHEN APPLICATION IS TAKEN										
*FA #	PE#	ENVISION ENTERED BY	DATE							
*PR #	DESIGNATED EMPLOYEE	SR #	DATE							
OW#	CITY CODE # CONTRIBUTOR # DISTRICT #	PERMIT EXP DATE	(MAILED TO APPLICANT)  NEW TRANSFER RENEWAL							
*Leave blank <b>only</b> if this is a new facility.	MAIL PERMIT TO: F A O Change of Ownership Paperwork Verified		(Circle One)							



## County of San Bernardino • Department of Public Health DIVISION OF ENVIRONMENTAL HEALTH SERVICES



## **Application for Health Permit**

☐ LIQUID WASTE	E HAULERS:	Seating Capacity or					
List License #, Make,	Year, Decal # and Number						
LICENSE NUMBER	MAKE	<u>YEAR</u>	]	DECAL#	NUMBER OF GALLONS	Square Footage	
						Limited Health Care Facility	
						Number of Beds	
						Soft Serve Number of Machines	
☐ COMMISSARY						Vending Machines Number of Units	
						RECREATIONAL HEALTH:	
Name and Address	S	Number of: PoolsSpas					
						Wading Pools Water Slides	
						WATER:	
	NDING MACHINES/CA	Number of Connections					
					C	VECTOR:	
License.	rucks and carts operating	g in unincorporato	ed County area	as must obtain a	County Business	Number of Birds/Horses	
Do you operate in an	unincorporated area? Y	es □ No □				HOUSING:	
						Number of Units	
List License #, License	e Plate #, Make, Year, Dec	al # and Number of	Machines belo	ow:		☐ Multi-family dwellings in the unincorporated	
DRIVER'S LICENSE <u>NUMBER</u>	LICENSE PLATE <u>NUMBER</u>	<u>MAKE</u>	YEAR	DECAL#	NUMBER OF <u>MACHINES</u>	County areas have been provided information to obtain a County Business License.	
						TATTOOING, BODY PIERCING and	
						PERMANENT COSMETICS:	
						This facility does: Tattooing Body Piercing	
						Business Hours Permanent Cosmetics	
						MEDICAL WASTE:	
						Number of Limited Quantity Hauling Exemption	
NOTES						Employees	
						☐ New Facility	
						Tranasfer of Ownership	
						Relocation of Permitted Facility	

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